



**For Office Use Only**  
Employee ID# \_\_\_\_\_

## AQUATICS SUMMER APPLICATION 2019

Pool Applying For:  Adaptive  Ed Cothren  Elmer Brine  Inskip

Position Applying For:  Assistant Pool Manager  Head Lifeguard  Lifeguard  WSI

Water Exercise Instructor  Concessions Worker  Cashier  Security

Full Name: \_\_\_\_\_  
                                            First                                            Middle                                            Last

Address: \_\_\_\_\_  
                                            Street                                            Apt. #                                            City                                            State                                            Zip Code

Contact Information: (home phone) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (cell phone) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

What is the best way to contact you?  Phone call  Text  Email

Will you be 18 years old or older by May 1, 2019?  Yes  No

If no, will you be at least 15 years old by May 1, 2019?  Yes  No

Highest level of education completed: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for the Parks and Recreation Department before?  Yes  No

If yes, when, where and in what position? \_\_\_\_\_

What is your aquatics experience? \_\_\_\_\_

Where did you work? \_\_\_\_\_ Who was your lifeguard instructor? \_\_\_\_\_

Select any American Red Cross certifications below that you have:

Certified Lifeguard  First Aid/CPR/AED  LGI  WSI

Adult T-Shirt Size:  S  M  L  XL  XXL  XXXL Swim Suit Size: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*By signing this application, I hereby agree that the information provided is complete and accurate. I also understand that by completing and signing this application, it does not in any way guarantee me a position with the City of Knoxville Parks and Recreation Department.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_